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<b>SERIAL NUMBER</b> 10/731,173	<b>FILING OR 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> ACM 340US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of PCT/US02/18623 06/10/2002 \* (\*)Data provided by applicant is not consistent with PTO records. *OK ced*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none ced*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Condit</i> Examiner's Signature	<i>ced</i> Initials			

**ADDRESS**

23581

**TITLE**

Bone plates

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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